STATE OF			Traveler ID ।	See Ins Jnit Code		and Pliv		enlent on R	ever:	se Side			O YES	O No
STD. 262 (REV. 10/92)		210			ISSN OR EMPLOYEE NUMBER*			12	-	Page		_ of	Pages	
CLAIMANT'S Karen		1 10001	Year 2	2008TEC	1850						OP			
Section of Volunteering and 2009 - 2010 CB/ID NO: California Volunteers California Volunteers									•		PCA # 21102			
RESIDENCE ADDRESS'						1 /	1110 K Street Suite 210						TELEPHONE NUMBER 916-323-7646	
CITY STATE ZIP CODE						CITY Sac	Sacramento				STATE CA		ZIP CODE 95814	
(1) MONTH/Y	/EAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRA	NSPORTA	TION		(8)	(9)
Jun 201	0	LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT-	(A)	(B)	(C) CARFARE, TOLLS.	PRIVAT	(D) E CAR USE	BUSINESS	TOTAL EXPENSES
DATE T	IME OO	Sac/New York	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.		TOLLS, PARKING	MILES 36	**************************************	EXPENSE	FOR DAY \$138.00
	00		\$254.81				\$6.00			P120		\$0.00		\$260.81
6/27		New York	<u> </u>	71.00		#10.00								
6/28	+	New York	\$254.81	\$4.33		\$18.00	\$6.00			#BD 15		\$0.00		\$283.14
6/29		New York	\$254.81	\$5.64	\$10.00	\$18.00	\$6.00			\$33.10		\$0.00	· / · · ·	\$327.55
6/30	00	New York	\$254.81	\$5.55	\$10.00	\$18.00	\$6.00			\$12.80		\$0.00		\$307.16
					<u></u>							\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
	_											\$0.00		\$0.00
												\$0.00		\$0.00
							-					\$0.00		\$0.00
		·										\$0.00		\$0.00
												\$0.00		\$0
(10) S	SUBT	OTALS	\$1,019.24	\$15.52	\$20.00	\$54.00	\$24.00			165.90	\$36	1 5 18		1316.6
	¢¢	Lumn Code (accts use c	XMLY)											
			<u> </u>	···						CLAIM	TOTAI	- \$	\$1,	316.66
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Atlach receipts/vouchers when required) National Conference on Volunteering and Service.										113) NUBWAI WUDIK HUNDS				
Mileage - Husband dropped off at airport and drove back home										(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289				
Conclusion of the trip will be on the claim for fiscal year 2010-2011										(14) MILEAGE RATE CLAIMED .50				
										AGENCY ACCOUNTING OFFICE USE ONLY				
										PAID BY REVOLVING FUND CHECK NUM \$0.50				
тне	ERTIF	Y That the above is a true statement of th	e travel expenses	s incurred by it	ne in accorda	nce with DPA	rules in the s	ervice of the Si	ale of C	California. I			ఫ 0	. 50
		Y That the above is a true statement of th icle was used, and if mileage rates excee have met the requirements as prescribed in Institute.	d the minimum raby SAM Sections	ne I certify that 0750 0751 0	at the cost of 0752, 0753, a		/ ////	• //	//	the rate usage		PAYMENT	DATE /	
(15) CHANNA	2.1	Loch quez for Ka	ren Ba	kei	7/2/10) (16) \$f0	WW	1000	2	4	C AIYU F	, 11 HIGHT	DATE /	2/10
Kare	11. EXP	ense authorization signature a cout of State	until (See)		grse) 10 ーノ	signe	of in	heral	the d	figle	<u>, </u>		POIE	